# FOOD FACILITY INSPECTION REPORT

**Facility Name:** Football Dining  
**Address:** Football House  
**Permit #:**  
**Type of Inspection:**  
**Permit Holder:**  
**Expiration Date:**  

<table>
<thead>
<tr>
<th>IN = In compliance</th>
<th>N/O = Not observed</th>
<th>N/A = Not applicable</th>
<th>COS = Corrected on-site</th>
<th>MAJ = Major violation</th>
<th>OUT = Out of compliance</th>
</tr>
</thead>
</table>

## DEMONSTRATION OF KNOWLEDGE

- **Food Safety Certification Name:**
  - Expiration Date: [Signature]

## EMPLOYEE HEALTH & HYGIENIC PRACTICES

- 1. Communicable disease: reporting, restrictions & exclusions
- 2. No discharge from eyes, nose & mouth
- 3. Proper eating, tasting, drinking or tobacco use
- 4. Hands clean & properly washed; gloves properly used
- 5. Adequate hand washing facilities supplied & accessible

## PREVENTING CONTAMINATION BY HANDS

- 6. Time as a public health control: procedures & records
- 7. Proper hot and cold holding temperatures
- 8. Proper cooking time & temperatures
- 9. Proper reheating procedures for hot holding

## PROTECTION FROM CONTAMINATION

- 10. Food in good condition, safe & unadulterated
- 11. Food contact surfaces: clean & sanitized
- 12. Returned & reserve of food
- 13. Food from approved sources
- 14. Compliance with Gulf Oyster Regulations

## FOOD FROM APPROVED SOURCES

- 15. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan
- 16. Compliance with shell stock tags, condition & display
- 17. Compliance with Gulf Oyster Regulations

## CONFORMANCE WITH APPROVED PROCEDURES

- 18. Compliance with approved processing
- 19. Consumer advisory provided for raw/undercooked foods
- 20. Licensed health care facilities/ public & private schools; prohibited foods not offered

## HOT WATER: COLD WATER

- 21. Hot & cold water available:
  - Hot temp: [Temperature]
  - Cold temp: [Temperature]

## LIQUID WASTE DISPOSAL

- 22. Sewage & wastewater properly disposed

## VERMIN

- 23. No rodents, insects, birds or animals

See reverse side for the code sections and general requirements that correspond to each violation listed above.

**Date:** 9-8-15  
**Time In:** 11:00 a.m.  
**Time Out:**  

**REINSPECTION DATE:** 9/11/15 or 9/16

**Received by:** [Signature]  
**Received by (signature):**  
**Title:**  
**Specialist (print):** [Signature]  
**Specialist (signature):**  
**Phone:**
TEMPERATURE CONTROL

Documentation required for all facilities with PHF

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Temp (°F)</th>
<th>Violation (°F)</th>
<th>Process/ Holding Location</th>
<th>Food Discarded (amount)</th>
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</table>

FOOD

Temps Only

NO PHF

Inspector Thermometer #:

OBSERVATIONS & CORRECTIVE ACTIONS

1. Eliminate rodent activity by the hot wells at service line. Observed one live mouse running across the kitchen floor. No accumulation of droppings observed; traps have been set and Ul Pest Mgt is attempting control.

To assist with pest elimination ensure all floors and equipment are clean. All food is secure; exterior doors remain closed.

Pest Mgt should set additional traps in active areas inside the building.

RE-INSPECTION 9/11/15 or after.